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## BIB DATA SHEET

CONFIRMATION NO. 5370

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/557,105	11/14/2005	360	3767	17572-79(AP)
<b>RULE</b>				
<b>APPLICANTS</b> Steven D. Kimmel, Granada Hills, CA; Scott J. Gerondale, Mission Viejo, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/19491 06/17/2004 which claims benefit of 60/480,320 06/20/2003 and claims benefit of 60/480,784 06/23/2003 and claims benefit of 60/480,665 06/23/2003 and claims benefit of 60/484,069 07/01/2003 and claims benefit of 60/491,159 07/29/2003 and claims benefit of 60/494,463 08/11/2003 and claims benefit of 60/497,780 08/26/2003 and claims benefit of 60/497,992 08/26/2003 E. W.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/20/2006				
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /EMILY L WACHTEL/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 19
			<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Brent A Johnson Allergan Inc 2525 Dupont Drive T2-7H Irvine, CA 92612 UNITED STATES				
<b>TITLE</b> Needleless injectors				
<b>FILING FEE RECEIVED</b> 1900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	